

REFUND REQUEST

TO: P. Shaff S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-19-07
 SUBJ: Receipt No. C084539 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR alison Laureano
 Address 75 W. 5TH Ave. #326
San Mateo CA 94402

Claimant(s) if NOT Payor —

Refund Amount \$25.00 Claim Location (Region/Claimant)

Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)

Late Fees Paid? Y/N (NA) Late Fee Receipt # C084539

S.O. Verified Ext. by — on — D.B. Query by —

Refund Generated By () Agent () Claimant

Refund Category:

insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) —

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>2-7354</u>	<u>OK</u>	<u>\$25.-</u>	<u>0</u>	<u>C084539</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total		<u>\$25.-</u>	<u>\$0</u>	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y (N)

Still pending. 0 fee was due.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval Shaff 7-23-07 Hold — To Fiscal 7-24-07, ND
 D. Shaff Logged 7-24-07
 Data Base Modified? Y/N (NA) A &/or R Records By — on —